

DEPARTMENT OF THE ARMY
UNITED STATES ARMY DENTAL ACTIVITY
Fort Huachuca, Arizona 85613-7040

DENTAC Memorandum
No. 600-2

25 September 1998

Personnel General
OFF-DUTY EMPLOYMENT

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1. HISTORY. This is a revision of an existing publication.

2. PURPOSE. To outline procedures and responsibilities pertaining to off-duty employment, including self-employment for remuneration by military and privileged civilian personnel assigned to U.S. Army Dental Activity, Fort Huachuca, Arizona.

3. SCOPE. This memorandum is applicable to all active duty military and fulltime (40 hours per week) privileged civilian personnel (including contract personnel) assigned to the U.S. Army Dental Activity.

4. REFERENCES.

a. HSC Regulation 600-3, Off-Duty Employment.

b. AR 40-68, Quality Assurance Administration.

5. POLICIES.

a. Personnel subject to the Uniform Code of Military Justice (UCMJ) who fail to comply with the provisions of this regulation are subject to punishment under the UCMJ, and to adverse administrative and other adverse actions authorized by applicable sections of the United States Code of Federal regulations. Personnel not subject to the UCMJ who fail to comply with provisions of this regulation are subject to adverse administrative action or criminal prosecution as authorized by applicable sections of the United States Code of Federal regulation.

b. All military and fulltime privileged civilian personnel assigned or attached to MEDCOM or a subordinate activity are

This memorandum supersedes DENTAC Pam 600-3, 1 Apr 96

prohibited from engaging in off-duty employment (including locum tenens) without their commander's approval. All active duty military personnel are in a 24-hour, 7-day duty status, and their military duties at all times (to include authorized leave) will take precedence on their time, talents, and attention.

c. Military personnel and fulltime privileged civilian employees who are now or will be in the future engaged in off-duty employment are required to request permission in writing following the guidance of this directive. Applications from personnel who are privileged will follow the format in appendix A if engaging in medical related off-duty employment; the format in appendix B will be used by those who are not privileged, and by privileged personnel who are engaging in non-medical off-duty employment. The applicant will be advised of the commander's (or designated representative's) decision within 10 days of application. Approved requests will be maintained on file until they are no longer valid.

d. Yearly statements will be requested in order to verify current off-duty employment status. It is the individual's responsibility to update his/her employment status prior to any change. Negative statements are required from personnel who have terminated off-duty employment and those not involved in such activity.

e. All military and privileged civilian personnel will be required to sign a statement during in-processing acknowledging their understanding of this command's off-duty employment policies. The format at appendix C will be used for this purpose.

f. Permission for remunerative off-duty employment will be withdrawn at any time by the command when such employment is inconsistent with references. If permission is withdrawn, the affected individual may submit to the commander a written statement containing views or information pertinent to the situation.

g. Limitations and Required Report.

(1) Government duties will not be impaired by off-duty employment. Requests for off-duty employment that exceed 16 hours per week usually will be denied. The commander can grant exceptions, when fully justified in writing by the applicant, if circumstances clearly show that the additional hours will not adversely affect government duties. There must be at least a 6-hour rest period between the end of the individual's non-government employment and the start of his government duties.

(2) For military personnel, administrative absence, pass, compensatory time off, or any authorized absence for the purpose of participating in off-duty employment is prohibited. Ordinary leave may be granted, however, in connection with authorized off-duty employment, providing it does not interfere with government duties.

(3) Each individual participating in off-duty employment will submit a report to his/her commander not later than the 10th of each month, advising of the number of hours worked the preceding month. This monthly report will be submitted in the format in appendix D and will be verified and signed by the employer.

h. Because of potential conflict with government obligations, personnel will not assume responsibility for the medical or dental care of any patient on a continuing basis nor engage in private (solo) practice.

i. Written certification must be provided by the civilian employer that he accepts the regulatory limitations placed on the Army Medical Department (AMEDD) employee.

j. A demonstrated need must exist because of the relative shortage of civilian physicians, dentists, veterinarians, nurses, or other professional personnel to serve the local community. A letter from the local professional society (or other responsible community agency expressing no objection to such employment will be a required attachment to the request, and must certify to the need and fact that such service is not available from any reasonably available civilian source. Army medical department personnel may engage in charitable off-duty employment when voluntarily performed for, or for the benefit of, institutionalized persons and recognized nonprofit charitable organizations.

k. Medical, nursing, dental, and veterinary personnel prescribing drugs in off-duty employment are subject to all requirements of the Federal Narcotic Law, including Drug Enforcement Agency registration and payment of taxes that are imposed upon other physicians, nurses, dentists, and veterinarians conducting private practice.

l. The responsibility for meeting local licensing requirements is a personal matter for AMEDD personnel who wish to engage in off-duty employment. Malpractice insurance is a personal responsibility of the individual requesting permission to engage in off-duty employment. The Army will not be responsible for an individual's acts while they are engaged in off-duty employment.

m. Personnel interested in off-duty employment at more than one location will submit complete justification with their application. A new application is required for each off-duty employment site for individuals who have been previously approved to engage in off-duty work.

n. Employers will use the format in appendix E to acknowledge their understanding and agreement with the limitations of this directive.

6. RESPONSIBILITIES.

a. The commander will ensure that local implementation of procedures are carried out and will make the final decision of approval or disapproval of requests.

b. The Executive Officer (or commander's designee) will:

(1) Be responsible for maintaining a file of approved applications and other documents required by this directive.

(2) Initiate request for the annual statements to verify current off-duty employment status.

(3) Assure that requests are reviewed by the servicing Judge Advocate Officer, if deemed necessary, the Deputy Commander for Clinical Services, or the clinic chief.

c. Immediate supervisor and clinic chiefs will recommend approval/disapproval of the applicant's request for approval of off-duty employment.

d. Individuals will submit requests for approval of off-duty employment through the Executive Officer (or Commander's designee) after obtaining the recommendations of their supervisor or clinic chief, to the commander.

The proponent agency of this publication is the Office of the Commander. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Dental activity, ATTN: DSBJ-CDR, Fort Huachuca, AZ 85613-7040

//Original Signed By//

HARLAND G. LEWIS, JR.
Colonel, Dental Corps
Commanding

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APPENDIX A

DSBJ-RDC (40)

MEMORANDUM THRU

FOR

SUBJECT: Request for Off-Duty Remunerative Professional Civilian Employment

1. In accordance with AR 40-1, paragraph 1-8, and HSC Regulation 600-3, I request permission to engage in remunerative professional off-duty employment apart from my assigned military (or civilian health care provider) duties. I have attached a statement from the local medical, dental, or other applicable association verifying the need for, and no objection to, my professional employment in the community.

a. Type of employment and nature of work:

b. Beginning date: _____

c. Hours per day: _____ Number of days per week: _____

Total hours per week: _____

d. Location of work: _____

(Name and Address of Employer)

e. Telephone Number of Employer: (____) _____

f. Waiting period for appointment in my assigned MEDCOM activity area: _____

2. I understand the regulatory provisions concerning off-duty employment, and I agree to conduct any off-duty employment

activities in accordance with those provisions. Further, I understand the following:

A-1

a. It is my obligation to inform my commander in writing of any change in my proposed off-duty employment, as set forth in this memorandum, before the inception of such change.

b. No outside responsibilities will be assumed that will in any manner compromise the effective discharge of my duties as an officer (or civilian health care provider) in the U.S. Army Dental Activity, both as to the number of hours devoted to outside work and my individual limit and capacity.

3. I recognize that I am prohibited from, and cannot in good conscience engage in a private (solo) practice, or assume responsibility for the medical or dental care of any patient on a consulting basis. To do so could result in the compromise of my responsibility to the patient on the one hand or the primacy of my military (or Federal) obligation on the other.

4. I acknowledge that I am prohibited by Federal law from receiving additional compensation, either directly or indirectly, for the health services provided to DOD, CHAMPUS, MEDICARE, MEDICAID, or any other Federal program or agency beneficiaries that are normally treated by those organization. I further acknowledge that this restriction does not apply to dental services provided to CONUS enrollees of the TRICARE Family Member Dental Plan.

5. I will submit NLT the 10th day of each month a report detailing the number of hours I worked the previous month, including employed verification of the data.

Signature

Printed Name

Grade

Recommend Approval/Disapproval Recommend Approval/Disapproval

25 September 1998

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Name/Grade of Immediate
Supervisor

Name/Grade of Department Chief
Date

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DSBJ-CDR (DSBJ-RDC/) (40) 1st End Ms. Smytherly/3-
1234

SUBJECT: Request for Off-Duty Remunerative Professional Civilian
Employment

Commander, U.S. Army Dental Activity, Fort Huachuca, AZ
85613-7040 25 September 1998

FOR

Subject request is approved/disapproved. The reasons for
disapproval are as follows:

HARLAND G. LEWIS, JR.
Colonel, Dental Corps
Commanding

A-3

APPENDIX B

DSBJ-CDR (40)

MEMORANDUM THRU

FOR Commander, U.S. Army Dental Activity, Fort Huachuca, AZ
85613-7040

SUBJECT: Request for Off-Duty Employment for Remuneration

1. In accordance with the provisions of HSC Regulation 600-3, paragraph 4b, of which I am aware, I request permission to engage in remunerative off-duty employment apart from my assigned military duties. This part-time employment will not interfere or hinder the performance of my military duties or responsibilities.

a. Type of employment and nature of work: _____

b. Beginning date: _____

c. Hours per day: _____ Number of days per week: _____

Total hours per week: _____

d. Location of work: _____

(Name and Address of Employer)

e. Telephone Number of Employer: (____) _____

2. I understand that it is my obligation to inform my commander in writing of any change in my proposed off-duty employment as set forth in this letter, prior to the inception of such change.

3. I will submit not later than the 10th of each month a report detailing the number of hours worked during the previous month, including employer verification of that data.

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Name and grade of requestor

B-1

DSBJ-CDR

SUBJECT: Request for Off-Duty Employment for Remuneration

Recommend Approval/Disapproval Recommend Approval/Disapproval

Name/Grade of Immediate
Supervisor

Name/Grade of Department Chief
DateDSBJ-CDR 1st End

SUBJECT: Request for Off-Duty Remuneration

Commander, U.S. Army Dental Activity, Fort Huachuca, AZ
85613-7040 25 September 1998

FOR

Subject request is approved/disapproved. The reasons for
disapproval are as follows:HARLAND G. LEWIS, JR.
Colonel, Dental Corps
Commanding

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APPENDIX C

DSBJ-CDR

MEMORANDUM FOR COMMANDER

SUBJECT: Off-Duty Employment (ODE)

1. I have been informed that I must be aware of U.S. Army Medical Command off-duty employment policies and understand that before I begin any ODE I will obtain my commander's approval. I also understand that if I engage in any ODE I must review and comply with appropriate regulations and policies. Failure to do either subjects me to possible adverse action.

2. I further acknowledge my understanding that:

a. All active duty officers, warrant officers, enlisted personnel, fulltime (40 hours per week) privileged civilian employees, and equivalent personnel are prohibited from engaging in ODE without command approval.

b. Military personnel who fail to obtain command approval prior to engaging in ODE or who do not fully comply with the provisions of appropriate regulations are subject to punishment under the uniform Code of Military Justice (UCMJ), as well as possible adverse administrative action.

c. Personnel not subject to the UCMJ who fail to obtain command approval are subject to adverse administrative action or criminal prosecution as authorized by applicable section of the United States Code or Federal regulations.

3. Upon application for ODE, I understand that I must arrange an interview with my commander, or his designated representative, to discuss and review requirements and policies applicable to ODE.

Signature

Printed Name

GradeC-1
APPENDIX D

DSBJ-RDC (600)

MEMORANDUM FOR Commander, U.S. Army Dental Activity, Fort
Huachuca, AZ 85613-7040

SUBJECT: Report of Hours Worked

As required by HSC Regulation 600-3, the following is a complete tabulation of off duty employment hours by the undersigned during the month of _____:

DATE	HOURS	DATE	HOURS	DATE	HOURS
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	
				31	

Signature

Printed Name

Grade

The above information has been reviewed by the undersigned and verified as correct.

Signature

Printed Name/Name of Firm

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APPENDIX E

Commander
U.S. Army Dental Activity
Fort Huachuca, Arizona 85613-7040

Dear Sir:

_____ (employee's name) has applied and been accepted for employment in this organization.

I understand the conditions under which he/she is to be employed are as follows:

a. Because of potential conflict with Government obligations, the individual will not assume responsibility for the medical or dental care of any patient on a continuing basis nor engage in private (solo) practice.

b. The employee may be required to respond to alerts or other emergencies that could delay him/her in reporting for work or could require him/her to depart the work site without advance notice.

c. I may not request reimbursement from the Department of Defense, the Civilian health and Medical Program of the Uniformed Services (CHAMPUS), medical care (MEDICARE), medical aid (MEDICAID), or any other Federal program for services provided by this employee, nor will I request direct payment from the patient for such service. I further acknowledge that this restriction does not apply to dental services provided to CONUS enrollees of the TRICARE Family Member Dental Plan.

d. This individual's employment will not involve expense to the Federal Government nor involve the use of military medical equipment or supplies.

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e. The individual is limited to 16 hours off-duty employment per week unless an exception to policy by his commander in advance of extended hours.

f. A responsible member of this organization will verify the employee's monthly report to his/her commander showing the number of hours worked the previous month.

g. Information regarding the individual's employment will be provided his/her commander upon request.

Signature

Printed Name/Business Firm

E-1